

County of San Luis Obispo *The Wall That Heals* Event March 28 to April 2, 2018

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

In exchange for permission to participate in the County of San Luis Obispo *The Wall That Heals* Event and all of its engagements (referred to below as "Activity"), on behalf of myself and my heirs, beneficiaries, executors, administrators, agents, and assigns, I give the following waivers, releases, covenants, warranties, and other consideration to the County of San Luis Obispo and its agents, employees, volunteers, officers, directors, departments, divisions, and agencies (collectively referred to below as "County").

I agree that my participation in the Activity will at all times be as an uncompensated volunteer, not as an employee of the County, and that I will not receive or claim entitlement to any compensation or benefit of employment.

I understand that my participation in the Activity will expose me to risks of harm. I voluntarily assume all risks of harm that may arise directly or indirectly from my participation in the Activity, whether caused by the negligence of the County or otherwise, and whether foreseeable or not, including (but not limited to) any harm in the form of personal injury, illness, death, property damage or loss, and I fully waive, release, and relinquish all rights and claims relating to such harm.

I agree not to commence, maintain, join in, or seek relief through any legal action relating in any way to my participation in the Activity. Should any legal action be brought by any person or entity relating in any way to my participation in the Activity or to this Agreement, I agree to indemnify and hold the County completely harmless with respect to any liability, loss, damage, cost, attorney's fee, or other detriment the County may incur as a result.

I acknowledge that this document contains all terms agreed upon, and that no promise, representation or inducement has been made to me regarding this Agreement or my participation in the Activity, except as expressly set forth in this document. I agree that the terms of this Agreement are severable, and the invalidity of any term shall not affect the validity of any other term.

I have carefully read this entire document, have had ample opportunity to consult with an attorney of my choosing about it, fully understand the meaning and consequences of everything it contains, and fully, willingly, and voluntarily agree.

Name of Volunteer (Print)

Phone

Email

Signature of Volunteer

Date Signed

Emergency Contact Name

Phone